PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10/807978

CLAIMS AS FILED - PART I SMALL ENTITY OTHER I													٦
	<u> </u>	· · · · · · · · · · · · · · · · · · ·	(Colum	(Column 1)		(Column 2) ·		TYPE		OR		R THAN ENTITY	ł
TOTAL CLAIMS			. 10	10				RATE	FEE	ר ר	RATE	FEE	-
FOR .			NUMBER FILED		NUM	MBÉR EXTRA		BASIC FE	+	OB	BASIC FEE		1
TOTAL CHARGEABLE CLAIMS			10 m	10 minus 20=		•		XS 9=	<u> </u>	1	1		┨.
INDEPENDENT CLAIMS			2 minus 3 =		•			X43=	-	OR			┨
м	ULTIPLE DEPE	NDENT CLAIM I	PRESENT					743=	ļ. —	OR	X86=		7
• 1	f the differenc	e in column 1 is	iess than :	zero enter	"O" in	column 3	'	+145=		OR	+290=		1
			Č.	MENDED - PART II				TOTAL	Ļ	OR	TOTAL	7-70,	Vi
<u></u>	3-24-00		OTHER THAN SMALL ENTITY OR SMALL ENTITY										
NTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO	IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
AMENDMENT A	Total	. 10	Minus	PAID F)	.0		X\$ 9=	FEE	OR	X\$18=	FEE	-
AM	_ '	ENTATION OF M	Minus	PENDENT	CLAIM			X43=		OR.	X86=		1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=		1
								TOTAL			TOTAL		
		(Column 1)		(Colum	n 2)	(Column 3)	A	ODIT. FEE		, ,	ADDIT. FEE		ſ
		CLAIMS	T	HIGHE		(Column 3)	-			_			1
AMENDMENT B		REMAINING - AFTER AMENDMENT		NUMB PREVIOU PAID F	JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
	Total	•	Minus	•• .		=.		X\$ 9=		OR	X\$18=	FEE	
ME	Independent	*	Minus	***		• .	┢	X43=					:
	FIRST PRESE	NTATION OF ML	JETIPLE DE	PENDENT (MIAJ		-	A-532		OR	X86=		
+145=										OR	+290=		
								TOTAL		OR .	TOTAL		
		. (Column 1)		(Column	·· 2)	(Caluma a)	AU	DIT. FEE L		-, , A	DDIT. FEEL	-:	'
. T	`	CLAIMS		HIGHES		(Column 3)			· ·	_	•		ĺ
ן כ		REMAINING . AFTER		NUMBE PREVIOU	R.	PRESENT EXTRA	1.		ADDI- TONAL	ſ	DATE	ADDI-	
	Total	AMENDMENT		PAID FO			L	VAIE I	FEE		RATE	TIONAL FEE	
<u> </u>			Minus Minus	**		=		(\$ 9=		OR	X\$18=		
				ENDENT C	1 AIM	-		K43=		DR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										+290=		
If the entry in column 1 is less than the entry in column 2, write "o" in column 3. TOTAL TOTAL										DR L	TOTAL		
**	AND LINEAR MANU	IDET PTEMOLISIV Pai	d For IN This	2 20102 i			· ADC	OIT. FEE)R A	DOT FEE L		
. "	· E THE ST NUMBER IN COMME	per Previously Paid	For" (Total or	Independent	is the I	righest number (lound	in the appro	priate box i	n colum	nn 1.	:	